

result in loss of user privileges and other penalties.

* * * * * STN Columbus * * * * *

FILE 'HOME' ENTERED AT 11:39:28 ON 02 SEP 2004

=> file .meeting

'EVENTLINE' IS NOT A VALID FILE NAME

Enter "HELP FILE NAMES" at an arrow prompt (=>) for a list of files that are available. If you have requested multiple files, you can specify a corrected file name or you can enter "IGNORE" to continue accessing the remaining file names entered.

ENTER A FILE NAME OR (IGNORE):ignore

COST IN U.S. DOLLARS

SINCE FILE

TOTAL

ENTRY

SESSION

FULL ESTIMATED COST

0.21

0.21

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FILE 'BIOTECHNO' ENTERED AT 11:39:38 ON 02 SEP 2004

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FILE 'PASCAL' ENTERED AT 11:39:38 ON 02 SEP 2004

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=> interfer and bind and second antibody

L1 0 FILE AGRICOLA

L2 0 FILE BIOTECHNO

L3 0 FILE CONFSCI

L4 0 FILE HEALSAFE

L5 0 FILE IMSDRUGCONF

L6 0 FILE LIFESCI

L7 0 FILE MEDICONF

L8 0 FILE PASCAL

TOTAL FOR ALL FILES

L9 0 INTERFER AND BIND AND SECOND ANTIBODY

=> bound(2A) (hormone or protein or analyte)

L10 1066 FILE AGRICOLA

L11 7468 FILE BIOTECHNO

L12 183 FILE CONFSCI

L13 38 FILE HEALSAFE

L14 0 FILE IMSDRUGCONF

L15 6161 FILE LIFESCI
L16 4 FILE MEDICONF
L17 4295 FILE PASCAL

TOTAL FOR ALL FILES

L18 19215 BOUND(2A) (HORMONE OR PROTEIN OR ANALYTE)

=> bound(2A) (hormone or protein or analyte) (8A) (serum or plasma) (10A) (detect or measurement or measuring or detecting or determining or determine)

L19 3 FILE AGRICOLA
L20 18 FILE BIOTECHNO
L21 0 FILE CONFSCI
L22 0 FILE HEALSAFE
L23 0 FILE IMSDRUGCONF
L24 12 FILE LIFESCI
L25 0 FILE MEDICONF
L26 15 FILE PASCAL

TOTAL FOR ALL FILES

L27 48 BOUND(2A) (HORMONE OR PROTEIN OR ANALYTE) (8A) (SERUM OR PLASMA) (10A) (DETECT OR MEASUREMENT OR MEASURING OR DETECTING OR DETERMINING OR DETERMINE)

=> l27 and second antibody

L28 0 FILE AGRICOLA
L29 0 FILE BIOTECHNO
L30 0 FILE CONFSCI
L31 0 FILE HEALSAFE
L32 0 FILE IMSDRUGCONF
L33 0 FILE LIFESCI
L34 0 FILE MEDICONF
L35 0 FILE PASCAL

TOTAL FOR ALL FILES

L36 0 L27 AND SECOND ANTIBODY

=> l27 and antibody

L37 0 FILE AGRICOLA
L38 7 FILE BIOTECHNO
L39 0 FILE CONFSCI
L40 0 FILE HEALSAFE
L41 0 FILE IMSDRUGCONF
L42 3 FILE LIFESCI
L43 0 FILE MEDICONF
L44 0 FILE PASCAL

TOTAL FOR ALL FILES

L45 10 L27 AND ANTIBODY

=> dup rem

ENTER L# LIST OR (END):l45

DUPLICATE IS NOT AVAILABLE IN 'IMSDRUGCONF, MEDICONF'.

ANSWERS FROM THESE FILES WILL BE CONSIDERED UNIQUE

PROCESSING COMPLETED FOR L45

L46 9 DUP REM L45 (1 DUPLICATE REMOVED)

=> d l46 ibib abs total

L46 ANSWER 1 OF 9 LIFESCI COPYRIGHT 2004 CSA on STN

ACCESSION NUMBER: 1998:1844 LIFESCI

TITLE: Levuglandin E sub(2)-protein adducts in human plasma and vasculature

AUTHOR: Salomon, R.G.; Subbanagounder, G.; O'Neil, J.; Kaur, K.; Smith, M.A.; Hoff, H.F.; Perry, G.; Monnier, V.M.

CORPORATE SOURCE: Dep. Chem. and Inst. Pathol., Case Western Reserve Univ.,
Cleveland, OH 44106, USA
SOURCE: CHEM. RES. TOXICOL., (19970500) vol. 10, no. 5, pp. 536-545

ISSN: 0893-228X.

DOCUMENT TYPE: Journal
FILE SEGMENT: X
LANGUAGE: English
SUMMARY LANGUAGE: English

AB The prostaglandin endoperoxide PGH sub(2) rearranges nonenzymatically to generate prostaglandins and secoprostanoic acid levulinaldehyde derivatives such as PGE sub(2) and levuglandin (LG) E sub(2), respectively. Direct detection of LGE sub(2) in biological samples is complicated because it is rapidly sequestered by covalent adduction to endogenous nucleophiles including proteins, which produces LGE sub(2)-derived protein-bound pyrroles. Therefore, to detect LGE sub(2)-protein adducts in vivo, **antibodies** were raised against a covalent adduct of LGE sub(2) with keyhole limpet hemocyanin (KLH). This antigen enabled the production of high-titer **antibodies** that exhibit minimal cross-specificity and are sensitive for detecting LGE sub(2)-derived pyrroles. Although pyrrole yields are low at LG /protein ratios found in vivo, an enzyme-linked immunosorbent assay with the LGE sub(2)-KLH **antibodies** detects LGE sub(2)-derived **protein-bound** pyrrole immunoreactivity in human **plasma** from specific patient populations. Furthermore, prominent immunocytochemical staining of human brain thin sections revealed the presence of LGE sub(2)-derived pyrrole immunoreactivity, especially in the meningeal vessels of some patients. This demonstration of LG-protein adducts in human plasma and vasculature provides the first evidence for the biological occurrence of levuglandins in vivo and further suggests that these **antibodies** might prove useful in diagnostic and mechanistic studies of various disease conditions.

L46 ANSWER 2 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN
DUPLICATE

ACCESSION NUMBER: 1997:27100175 BIOTECHNO
TITLE: Cross-reactivity of anti-nDNA **antibodies**
with nuclear envelope proteins. Isolation of a cDNA
encoding the 70 kDa annular protein recognized by
autoantibodies from patients with systemic lupus
erythematosus
AUTHOR: Herrera-Diosdado R.; Avalos-Diaz E.; Herrera-Esparza
R.
CORPORATE SOURCE: Dr. R. Herrera-Esparza, Department of Immunology,
Centro de Biologia Experimental, Universidad Autonoma
de Zacatecas, Apartado Postal 167, Guadalupe,
Zacatecas 98600, Mexico.
E-mail: herrerar@cantera.reduaz.mx.
SOURCE: Revue du Rhumatisme (English Edition), (1997), 64/2
(82-88), 24 reference(s)
CODEN: RRHUEX ISSN: 1169-8446
DOCUMENT TYPE: Journal; Article
COUNTRY: France
LANGUAGE: English
SUMMARY LANGUAGE: English; French; German

AN 1997:27100175 BIOTECHNO

AB Objectives: to determine whether annular rDNA is complexed with the nuclear envelope proteins. Methods: from a batch of lupus sera with anti-nDNA, we selected a lupus serum containing annular anti-nDNA autoantibodies resistant to DNase digestion and used it to isolate several cDNA clones from a lambda gt11 HeLa cell library. Results: the cloned fusion protein immunoabsorbed the annular anti-nDNA autoantibodies, and the immunoaffinity autoantibodies eluted from the recombinant filters produced an annular pattern around the nucleus in

fluorescent assays on HEp-2 cells; by Western blot, they also recognized a 70 kDa protein from HEp-2 cell extracts. Annular-lambda gt11 lysogens generated in E. coli Y1089 produced a fusion protein that recognized annular anti-nDNA autoantibody-containing lupus sera by Western blot. The recombinant filters and annular fusion protein were also recognized by a prototype anti-lamin **serum**. To **determine** whether the annular recombinant **protein bound** DNA, an Interaction assay was performed in vitro using DNA minicircles and DNA from HEp-2 cells; this assay resulted in a slowing of the electrophoretic mobility of the DNA. Conclusions: 1) The annular DNA in eukaryotic cells is complexed with nuclear envelope proteins. 2) Annular anti-nDNA autoantibodies from lupus patients cross-react with perinuclear proteins. 3) Perinuclear proteins recognized by anti-nDNA are lamins. 4) An interaction between DNA and the 70 kDa protein is inducible in vitro. Whether this interaction affects cell function is still unknown.

L46 ANSWER 3 OF 9 LIFESCI COPYRIGHT 2004 CSA on STN
 ACCESSION NUMBER: 89:61979 LIFESCI
 TITLE: Babesia bovis : Gene isolation and characterization using a mung bean nuclease-derived expression library.
 AUTHOR: Tripp, C.A.; Wagner, G.G.; Rice-Ficht, A.C.
 CORPORATE SOURCE: Dep. Med. Biochem. and Genet., Texas A&M Univ., College Station, TX 77843, USA
 SOURCE: EXP. PARASITOL., (1989) vol. 69, no. 3, pp. 211-225.
 DOCUMENT TYPE: Journal
 FILE SEGMENT: K; G
 LANGUAGE: English
 SUMMARY LANGUAGE: English

AB Genomic DNA prepared from erythrocyte cultures of Babesia bovis merozoites was digested with mung bean nuclease and used to construct a lambda gt11 expression library of B. bovis recombinants. Immunoscreening with two polyclonal **antibody** probes detected multiple recombinants from which two, designated Bb-1 and Bb-3, were chosen for further analysis. Monospecific immunoglobulins isolated from the screening **sera** using nitrocellulose-bound fusion **proteins** were employed to **determine** the native molecular weight and the intracellular location of the babesial proteins encoded by the recombinants. Clone Bb-1 encodes an antigen of 77,000 Da located at the apical end of the intraerythrocytic parasite. A protein of 75,000 Da encoded by clone Bb-3 is associated with the infected red blood cell cytoplasm and/or membrane but not with the merozoite.

L46 ANSWER 4 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 1986:16095775 BIOTECHNO
 TITLE: The measurement of insulin-like growth factor I: Clinical applications and significance
 AUTHOR: Teale J.D.; Marks V.
 CORPORATE SOURCE: Department of Clinical Biochemistry, St Luke's Hospital, Guildford, Surrey GU1 3NT, United Kingdom.
 SOURCE: Annals of Clinical Biochemistry, (1986), 23/4 (413-424)
 CODEN: ACBOBU
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United Kingdom
 LANGUAGE: English

AN 1986:16095775 BIOTECHNO
 AB Of the somatomedins so far measured, the selective quantitation of insulin-like growth factor I (IGF-I) appears to have the greatest potential in clinical diagnosis. There have been two approaches to the development of immunoassay systems. One type uses **antibodies** raised against synthetic fragments of IGF-I which exhibit cross-reactivity with the whole hormone. Such assay systems may be adequate for measuring normal adult plasma IGF-I levels, but the potential for the higher sensitivity required for detecting sub-normal

plasma levels in young children is apparent only in methods using **antibodies** raised against the complete hormone. IGF-I in plasma exists as part of a high molecular weight complex in which it is **bound** to carrier **proteins**. The binding proteins may interfere with **plasma IGF-I measurements** by radioligand assays. Direct analysis of untreated plasma samples is claimed to be possible using disequilibrium assay conditions but in order to maximise assay sensitivity it is necessary to employ an initial extraction stage in order to eliminate binding protein interference. Whether the measurement of plasma IGF-I can or should be used in addition to, or as a replacement for, plasma growth hormone (GH) measurement in the clinical assessment of growth disorders remains a controversial issue. Available evidence indicates that a single, random plasma IGF-I level provides an accurate reflection of GH secretion. Adequate discrimination between the elevated levels in acromegaly and normal reference values has been demonstrated. However, in the investigation of growth-retarded children available radioimmunoassay (RIA) methods have proved only partially successful because of the age-related nature of normal plasma IGF-I concentrations. Existing assays appear capable of identifying sub-normal plasma levels after the age of approximately 4 years. In younger subjects an improvement in assay sensitivity is required in order to establish with greater accuracy the relevant normal ranges. Improvements in the identification of the particular lesion responsible for retarded growth in a child can be achieved by measurement of both plasma GH and IGF-I concentrations. The predictive value of the acute plasma IGF-I response to single-dose GH therapy may identify patients who will respond to long-term GH therapy. Better, more informed decision on subsequent treatment may therefore be made. Apart from GH control, several other factors influence circulating IGF-I levels. Nutritional status can be assessed through reference to IGF-I analysis, overall catabolic or anabolic processes being associated with decreasing or increasing plasma IGF-I levels respectively.

L46 ANSWER 5 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 1986:17033774 BIOTECHNO
 TITLE: One-step immunoassays for free (unbound) hormones: The effect of tracer binding by serum proteins
 AUTHOR: Geiseler D.; Chodha P.; Ekins R.
 CORPORATE SOURCE: Department of Clinical Biochemistry, Institute of Child Health, University of London, London WC1 N1EH, United Kingdom.
 SOURCE: Clinical Chemistry, (1986), 32/1 (45-49)
 CODEN: CLCHAU
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United States
 LANGUAGE: English
 AN 1986:17033774 BIOTECHNO
 AB In binding assays for determination of free (non-protein-bound) hormones in serum or plasma, the influence of the measuring system on the original analyte concentration in the sample must be considered. In one- or single-step free-hormone immunoassays, the labeled analyte or analog-tracer not only is bound to the **antibody**, it also is bound, to some extent, to serum proteins. The dependence of the assay response on two unknown variables - the concentration of free analyte and the binding potential of serum for the tracer - introduces a bias between the actual (original) and measured hormone concentrations. The significance of this protein effect is described by mathematical modeling of the analyte-protein distribution in the assay system. The theoretical consideration is validated by a clearly defined one-step assay system for measurement of free-thyroxin concentration, with a labeled thyroxin-immunoglobulin conjugate used as tracer.

L46 ANSWER 6 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1985:16011843 BIOTECHNO
TITLE: Endogenous digoxin-like immunoreactive factors: Impact on digoxin measurements and potential physiological implications
AUTHOR: Valdes Jr. R.
CORPORATE SOURCE: Department of Pathology and Laboratory Medicine, Jewish Hospital of St. Louis, Washington University School of Medicine, St. Louis, MO 63110, United States.
SOURCE: Clinical Chemistry, (1985), 31/9 (1525-1532)
CODEN: CLCHAU
DOCUMENT TYPE: Journal; Article
COUNTRY: United States
LANGUAGE: English

AN 1985:16011843 BIOTECHNO

AB Various laboratories have reported endogenous digoxin-like immunoreactive factor(s) (DLIF) in blood from patients in renal failure or liver failure, from newborn infants, and from third-trimester pregnant women. Similar immunoreactivity has been detected in amniotic fluid, in cord blood, and in urine and serum from normal subjects. The factor(s) giving rise to this immunoreactivity cross react with **antibodies** used in many currently available immunoassays for digoxin, sometimes causing apparent digoxin concentrations exceeding the therapeutic range obtained for exogenous digoxin, with consequent errors in measurement and in subsequent clinical interpretation of digoxin results. Here, I summarize findings in our laboratory and those of others. DLIF evidently exist in three states in serum: tightly protein-bound, weakly protein-bound, and unbound (free). In normal subjects, >90% of the total DLIF in **serum** is tightly but reversibly **bound to serum proteins** and is not readily detectable by direct **measurement** of digoxin in serum with conventional immunoassays. However, there seems to be a redistribution of the more weakly bound and unbound components in patients with renal failure, pregnant women, and newborns. The increased values detected in these groups are ascribable to increased amounts of weakly bound and unbound DLIF rather than to increased total DLIF. Carrier proteins may play a prominent role in the transport of these factors in blood. I discuss the potential physiological and pharmacological implications of detecting endogenous immunoreactive factors that cross react with **antibodies** to drugs.

L46 ANSWER 7 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1985:15064772 BIOTECHNO
TITLE: Protein binding of endogenous digoxin-immunoactive factors in human serum and its variation with clinical condition
AUTHOR: Valdes Jr. R.; Graves S.W.
CORPORATE SOURCE: Department of Pathology and Laboratory Medicine, The Jewish Hospital of St. Louis, St. Louis, MO 63110, United States.
SOURCE: Journal of Clinical Endocrinology and Metabolism, (1985), 60/6 (1135-1143)
CODEN: JCEMAZ
DOCUMENT TYPE: Journal; Article
COUNTRY: United States
LANGUAGE: English

AN 1985:15064772 BIOTECHNO

AB We previously identified endogenous digoxin-like immunoactivity in serum from pregnant women, newborn infants, and patients in renal failure. This activity is due to an endogenous factor(s) that cross-reacts with **antibodies** raised against digoxin. Using serum from the above sources as well as serum and urine from normal individuals, we further characterized these immunoreactive factors. The factors are water soluble, heat stable, and neutral in molecular charge. That isolated

from serum has an apparent mol wt of 200 daltons, as estimated by membrane partitioning. The factor from urine has twice this apparent mol wt, an apparent higher affinity for the digoxin antisera, and is less resistant to acid hydrolysis. It may represent a conjugated metabolite of the factor from serum. The immunoactive factor in serum is noncovalently bound to serum protein, and we describe methods for estimating total, weakly protein-bound (i.e. heat-dissociable), tightly protein-bound (i.e. not heat-dissociable), and unbound (free) activity. Levels measured directly in serum by RIA represent the unbound and weakly protein-bound serum components. In normal subjects, over 90% of the total endogenous immunoactivity in **serum** is tightly but reversibly **bound** to **protein** and not detectable by direct **measurement** with conventional RIAs. Concentrations determined by direct measurement in serum from patients with renal failure 4128 ± 38 pg digoxin equivalents/ml (mean \pm SE)!, pregnant women (141 ± 12), and neonates (230 ± 7) consistently exceeded those in normal subjects (61 ± 3). Chromatography and ultrafiltration studies suggest that these differences are due to increased amounts of weakly protein-bound factor in these subjects rather than to a greater amount of total immunoactive factor. Altered protein binding of this endogenous factor seems to play a predominant role in the detection of digoxin-like immunoactivity in human serum. Our data also suggest that carrier proteins may play a prominent role in the transport of this endogenous immunoactive factor in blood.

L46 ANSWER 8 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 1985:15004888 BIOTECHNO
 TITLE: Neuropathy and anti-myelin-associated glycoprotein IgM
 M proteins: T cell regulation of M protein secretion
 in vitro
 AUTHOR: Latov N.; Godfrey M.; Thomas Y.; et al.
 CORPORATE SOURCE: Department of Neurology, Columbia University, College
 of Physicians and Surgeons, New York, NY 10032, United
 States.
 SOURCE: Annals of Neurology, (1985), 18/2 (182-188)
 CODEN: ANNED3
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United States
 LANGUAGE: English

AN 1985:15004888 BIOTECHNO
 AB In patients with plasma cell dyscrasia, individual clones of
antibody-producing cells proliferate abnormally and secrete
 monoclonal **antibodies** or M proteins in excess. The cause of the
 monoclonal proliferation of lymphocytes and M protein secretion is
 unknown and it is not known whether the M protein-secreting B cells are
 autonomous or capable of responding to regulatory T cells. We carried out
 experiments using lymphocytes from a patient with neuropathy and
plasma cell dyscrasia whose IgM M **protein bound**
 to the myelin-associated glycoprotein (MAG) to **determine**
 whether secretion of the M protein in vitro was responsive to T cell help
 or suppression. M protein secretion was measured by an enzyme-linked
 immunosorbent assay system for measuring anti-MAG IgM, and the number of
 M protein-secreting lymphocytes was enumerated by a reverse hemolytic
 plaque assay specific for the M protein idiotype. The patient's B cells
 were maximally stimulated by pokeweed mitogen-activated autologous
 OKT.sub.4.sup.+ T-helper cells and the helper effect was inhibited by
 OKT.sub.8.sup.+ suppressor/cytotoxic T cells. Low levels of M protein
 secretion in the absence of T cells were also observed and there was
 partial stimulation of M protein secretion by T cells in the absence of
 pokeweed mitogen.

L46 ANSWER 9 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 1980:10134022 BIOTECHNO
 TITLE: Radioimmunoassay of thyroxine in 10 microliters of
 serum, with use of aggregated antithyroxine

antibodies

AUTHOR: Collins S.; Brooks M.; Bermes E.W.
CORPORATE SOURCE: Sect. Endocrinol., Loyola Univ. Med. Cent., Maywood,
Ill. 60153, United States.
SOURCE: Clinical Chemistry, (1980), 26/3 (406-408)
CODEN: CLCHAU
DOCUMENT TYPE: Journal; Article
COUNTRY: United States
LANGUAGE: English
AN 1980:10134022 BIOTECHNO
AB We describe a sensitive radioimmunoassay for rapidly **determining**
the concentration of thyroxine in 10 µL of human **serum**.
Aggregated antithyroxine **antibodies** are used to separate
bound and free **hormone**. This speeds the assay and
economizes on reagents without loss of sensitivity, specificity, or
precision. Results for normal subjects and patients with thyroid disease
agree well with those obtained by other, well-established techniques.

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FULL ESTIMATED COST	27.39	27.60

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FILE 'BIOTECHNO' ENTERED AT 11:47:12 ON 02 SEP 2004

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=> file .jacob

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	6.83	34.43

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=> BOUND(2A) (HORMONE OR PROTEIN OR ANALYTE) (8A) (SERUM OR PLASMA) (10
A) (DETECT OR MEASUREMENT OR MEASURING OR DETECTING OR DETERMININ G OR
DETERMINE
MISSING OPERATOR PLASMA) (10
The search profile that was entered contains terms or
nested terms that are not separated by a logical operator.

=> bound(5A) (hormone or protein or analyte) (8A) (serum or plasma or urine) (P) (detect
or measur or measuring or determin)
L47 117 FILE CAPLUS
L48 73 FILE BIOSIS
L49 73 FILE MEDLINE
L50 94 FILE EMBASE
L51 105 FILE USPATFULL

TOTAL FOR ALL FILES

L52 462 BOUND(5A) (HORMONE OR PROTEIN OR ANALYTE) (8A) (SERUM OR PLASMA OR
URINE) (P) (DETECT OR MEASUR OR MEASURING OR DETERMIN)

=> 152 and second antibody

L53 1 FILE CAPLUS
L54 0 FILE BIOSIS
L55 0 FILE MEDLINE
L56 0 FILE EMBASE
L57 25 FILE USPATFULL

TOTAL FOR ALL FILES

L58 26 L52 AND SECOND ANTIBODY

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NEWS	3	May 12 EXTEND option available in structure searching
NEWS	4	May 12 Polymer links for the POLYLINK command completed in REGISTRY
NEWS	5	May 27 New UPM (Update Code Maximum) field for more efficient patent SDIs in CAplus
NEWS	6	May 27 CAplus super roles and document types searchable in REGISTRY
NEWS	7	Jun 28 Additional enzyme-catalyzed reactions added to CASREACT
NEWS	8	Jun 28 ANTE, AQUALINE, BIOENG, CIVILENG, ENVIROENG, MECHENG, and WATER from CSA now available on STN(R)
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NEWS	12	AUG 02 CAplus and CA patent records enhanced with European and Japan Patent Office Classifications
NEWS	13	AUG 02 STN User Update to be held August 22 in conjunction with the 228th ACS National Meeting
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NEWS	16	AUG 27 BIOCOMMERCE: Changes and enhancements to content coverage
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NEWS	18	SEP 01 INPADOC: New family current-awareness alert (SDI) available
NEWS	19	SEP 01 New pricing for the Save Answers for SciFinder Wizard within STN Express with Discover!
NEWS	20	SEP 01 New display format, HITSTR, available in WPIDS/WPINDEX/WPIX
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L15 6161 FILE LIFESCI
L16 4 FILE MEDICONF
L17 4295 FILE PASCAL

TOTAL FOR ALL FILES

L18 19215 BOUND(2A) (HORMONE OR PROTEIN OR ANALYTE)

=> bound(2A) (hormone or protein or analyte) (8A) (serum or plasma) (10A) (detect or measurement or measuring or detecting or determining or determine)

L19 3 FILE AGRICOLA
L20 18 FILE BIOTECHNO
L21 0 FILE CONFSCI
L22 0 FILE HEALSAFE
L23 0 FILE IMSDRUGCONF
L24 12 FILE LIFESCI
L25 0 FILE MEDICONF
L26 15 FILE PASCAL

TOTAL FOR ALL FILES

L27 48 BOUND(2A) (HORMONE OR PROTEIN OR ANALYTE) (8A) (SERUM OR PLASMA) (10
A) (DETECT OR MEASUREMENT OR MEASURING OR DETECTING OR DETERMININ
G OR DETERMINE)

=> l27 and second antibody

L28 0 FILE AGRICOLA
L29 0 FILE BIOTECHNO
L30 0 FILE CONFSCI
L31 0 FILE HEALSAFE
L32 0 FILE IMSDRUGCONF
L33 0 FILE LIFESCI
L34 0 FILE MEDICONF
L35 0 FILE PASCAL

TOTAL FOR ALL FILES

L36 0 L27 AND SECOND ANTIBODY

=> l27 and antibody

L37 0 FILE AGRICOLA
L38 7 FILE BIOTECHNO
L39 0 FILE CONFSCI
L40 0 FILE HEALSAFE
L41 0 FILE IMSDRUGCONF
L42 3 FILE LIFESCI
L43 0 FILE MEDICONF
L44 0 FILE PASCAL

TOTAL FOR ALL FILES

L45 10 L27 AND ANTIBODY

=> dup rem

ENTER L# LIST OR (END):l45

DUPLICATE IS NOT AVAILABLE IN 'IMSDRUGCONF, MEDICONF'.

ANSWERS FROM THESE FILES WILL BE CONSIDERED UNIQUE

PROCESSING COMPLETED FOR L45

L46 9 DUP REM L45 (1 DUPLICATE REMOVED)

=> d l46 ibib abs total

L46 ANSWER 1 OF 9 LIFESCI COPYRIGHT 2004 CSA on STN
ACCESSION NUMBER: 1998:1844 LIFESCI
TITLE: Levuglandin E sub(2)-protein adducts in human plasma and
vasculature
AUTHOR: Salomon, R.G.; Subbanagounder, G.; O'Neil, J.; Kaur, K.;
Smith, M.A.; Hoff, H.F.; Perry, G.; Monnier, V.M.

CORPORATE SOURCE: Dep. Chem. and Inst. Pathol., Case Western Reserve Univ.,
Cleveland, OH 44106, USA
SOURCE: CHEM. RES. TOXICOL., (19970500) vol. 10, no. 5, pp. 536-545

ISSN: 0893-228X.

DOCUMENT TYPE: Journal
FILE SEGMENT: X
LANGUAGE: English
SUMMARY LANGUAGE: English

AB The prostaglandin endoperoxide PGH sub(2) rearranges nonenzymatically to generate prostaglandins and secoprostanoic acid levulinaldehyde derivatives such as PGE sub(2) and levuglandin (LG) E sub(2), respectively. Direct detection of LGE sub(2) in biological samples is complicated because it is rapidly sequestered by covalent adduction to endogenous nucleophiles including proteins, which produces LGE sub(2)-derived protein-bound pyrroles. Therefore, to detect LGE sub(2)-protein adducts in vivo, **antibodies** were raised against a covalent adduct of LGE sub(2) with keyhole limpet hemocyanin (KLH). This antigen enabled the production of high-titer **antibodies** that exhibit minimal cross-specificity and are sensitive for detecting LGE sub(2)-derived pyrroles. Although pyrrole yields are low at LG /protein ratios found in vivo, an enzyme-linked immunosorbent assay with the LGE sub(2)-KLH **antibodies detects** LGE sub(2)-derived **protein-bound** pyrrole immunoreactivity in human **plasma** from specific patient populations. Furthermore, prominent immunocytochemical staining of human brain thin sections revealed the presence of LGE sub(2)-derived pyrrole immunoreactivity, especially in the meningeal vessels of some patients. This demonstration of LG-protein adducts in human plasma and vasculature provides the first evidence for the biological occurrence of levuglandins in vivo and further suggests that these **antibodies** might prove useful in diagnostic and mechanistic studies of various disease conditions.

L46 ANSWER 2 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN
DUPLICATE

ACCESSION NUMBER: 1997:27100175 BIOTECHNO
TITLE: Cross-reactivity of anti-nDNA **antibodies**
with nuclear envelope proteins. Isolation of a cDNA
encoding the 70 kDa annular protein recognized by
autoantibodies from patients with systemic lupus
erythematosus
AUTHOR: Herrera-Diosdado R.; Avalos-Diaz E.; Herrera-Esparza
R.
CORPORATE SOURCE: Dr. R. Herrera-Esparza, Department of Immunology,
Centro de Biologia Experimental, Universidad Autonoma
de Zacatecas, Apartado Postal 167, Guadalupe,
Zacatecas 98600, Mexico.
E-mail: herrerar@cantera.reduaz.mx.
SOURCE: Revue du Rhumatisme (English Edition), (1997), 64/2
(82-88), 24 reference(s)
CODEN: RRHUEX ISSN: 1169-8446
DOCUMENT TYPE: Journal; Article
COUNTRY: France
LANGUAGE: English
SUMMARY LANGUAGE: English; French; German

AN 1997:27100175 BIOTECHNO

AB Objectives: to determine whether annular rDNA is complexed with the nuclear envelope proteins. Methods: from a batch of lupus sera with anti-nDNA, we selected a lupus serum containing annular anti-nDNA autoantibodies resistant to DNase digestion and used it to isolate several cDNA clones from a lambda gt11 HeLa cell library. Results: the cloned fusion protein immunoabsorbed the annular anti-nDNA autoantibodies, and the immunoaffinity autoantibodies eluted from the recombinant filters produced an annular pattern around the nucleus in

fluorescent assays on HEp-2 cells; by Western blot, they also recognized a 70 kDa protein from HEp-2 cell extracts. Annular-lambda gt11 lysogens generated in E. coli Y1089 produced a fusion protein that recognized annular anti-nDNA autoantibody-containing lupus sera by Western blot. The recombinant filters and annular fusion protein were also recognized by a prototype anti-lamin **serum**. To **determine** whether the annular recombinant **protein bound** DNA, an Interaction assay was performed in vitro using DNA minicircles and DNA from HEp-2 cells; this assay resulted in a slowing of the electrophoretic mobility of the DNA. Conclusions: 1) The annular DNA in eukaryotic cells is complexed with nuclear envelope proteins. 2) Annular anti-nDNA autoantibodies from lupus patients cross-react with perinuclear proteins. 3) Perinuclear proteins recognized by anti-nDNA are lamins. 4) An interaction between DNA and the 70 kDa protein is inducible in vitro. Whether this interaction affects cell function is still unknown.

L46 ANSWER 3 OF 9 LIFESCI COPYRIGHT 2004 CSA on STN
 ACCESSION NUMBER: 89:61979 LIFESCI
 TITLE: Babesia bovis : Gene isolation and characterization using a mung bean nuclease-derived expression library.
 AUTHOR: Tripp, C.A.; Wagner, G.G.; Rice-Ficht, A.C.
 CORPORATE SOURCE: Dep. Med. Biochem. and Genet., Texas A&M Univ., College Station, TX 77843, USA
 SOURCE: EXP. PARASITOL., (1989) vol. 69, no. 3, pp. 211-225.
 DOCUMENT TYPE: Journal
 FILE SEGMENT: K; G
 LANGUAGE: English
 SUMMARY LANGUAGE: English

AB Genomic DNA prepared from erythrocyte cultures of Babesia bovis merozoites was digested with mung bean nuclease and used to construct a lambda gt11 expression library of B. bovis recombinants. Immunoscreening with two polyclonal **antibody** probes detected multiple recombinants from which two, designated Bb-1 and Bb-3, were chosen for further analysis. Monospecific immunoglobulins isolated from the screening **sera** using nitrocellulose-bound fusion **proteins** were employed to **determine** the native molecular weight and the intracellular location of the babesial proteins encoded by the recombinants. Clone Bb-1 encodes an antigen of 77,000 Da located at the apical end of the intraerythrocytic parasite. A protein of 75,000 Da encoded by clone Bb-3 is associated with the infected red blood cell cytoplasm and/or membrane but not with the merozoite.

L46 ANSWER 4 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 1986:16095775 BIOTECHNO
 TITLE: The measurement of insulin-like growth factor I: Clinical applications and significance
 AUTHOR: Teale J.D.; Marks V.
 CORPORATE SOURCE: Department of Clinical Biochemistry, St Luke's Hospital, Guildford, Surrey GU1 3NT, United Kingdom.
 SOURCE: Annals of Clinical Biochemistry, (1986), 23/4 (413-424)
 CODEN: ACBOBU
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United Kingdom
 LANGUAGE: English

AN 1986:16095775 BIOTECHNO

AB Of the somatomedins so far measured, the selective quantitation of insulin-like growth factor I (IGF-I) appears to have the greatest potential in clinical diagnosis. There have been two approaches to the development of immunoassay systems. One type uses **antibodies** raised against synthetic fragments of IGF-I which exhibit cross-reactivity with the whole hormone. Such assay systems may be adequate for measuring normal adult plasma IGF-I levels, but the potential for the higher sensitivity required for detecting sub-normal

plasma levels in young children is apparent only in methods using **antibodies** raised against the complete hormone. IGF-I in plasma exists as part of a high molecular weight complex in which it is **bound** to carrier **proteins**. The binding proteins may interfere with **plasma IGF-I measurements** by radioligand assays. Direct analysis of untreated plasma samples is claimed to be possible using disequilibrium assay conditions but in order to maximise assay sensitivity it is necessary to employ an initial extraction stage in order to eliminate binding protein interference. Whether the measurement of plasma IGF-I can or should be used in addition to, or as a replacement for, plasma growth hormone (GH) measurement in the clinical assessment of growth disorders remains a controversial issue. Available evidence indicates that a single, random plasma IGF-I level provides an accurate reflection of GH secretion. Adequate discrimination between the elevated levels in acromegaly and normal reference values has been demonstrated. However, in the investigation of growth-retarded children available radioimmunoassay (RIA) methods have proved only partially successful because of the age-related nature of normal plasma IGF-I concentrations. Existing assays appear capable of identifying sub-normal plasma levels after the age of approximately 4 years. In younger subjects an improvement in assay sensitivity is required in order to establish with greater accuracy the relevant normal ranges. Improvements in the identification of the particular lesion responsible for retarded growth in a child can be achieved by measurement of both plasma GH and IGF-I concentrations. The predictive value of the acute plasma IGF-I response to single-dose GH therapy may identify patients who will respond to long-term GH therapy. Better, more informed decision on subsequent treatment may therefore be made. Apart from GH control, several other factors influence circulating IGF-I levels. Nutritional status can be assessed through reference to IGF-I analysis, overall catabolic or anabolic processes being associated with decreasing or increasing plasma IGF-I levels respectively.

L46 ANSWER 5 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 1986:17033774 BIOTECHNO
 TITLE: One-step immunoassays for free (unbound) hormones: The effect of tracer binding by serum proteins
 AUTHOR: Geiseler D.; Chodha P.; Ekins R.
 CORPORATE SOURCE: Department of Clinical Biochemistry, Institute of Child Health, University of London, London WC1 N1EH, United Kingdom.
 SOURCE: Clinical Chemistry, (1986), 32/1 (45-49)
 CODEN: CLCHAU
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United States
 LANGUAGE: English
 AN 1986:17033774 BIOTECHNO
 AB In binding assays for determination of free (non-protein-bound) hormones in serum or plasma, the influence of the measuring system on the original analyte concentration in the sample must be considered. In one- or single-step free-hormone immunoassays, the labeled analyte or analog-tracer not only is bound to the **antibody**, it also is bound, to some extent, to serum proteins. The dependence of the assay response on two unknown variables - the concentration of free analyte and the binding potential of serum for the tracer - introduces a bias between the actual (original) and measured hormone concentrations. The significance of this protein effect is described by mathematical modeling of the analyte-protein distribution in the assay system. The theoretical consideration is validated by a clearly defined one-step assay system for measurement of free-thyroxin concentration, with a labeled thyroxin-immunoglobulin conjugate used as tracer.

L46 ANSWER 6 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1985:16011843 BIOTECHNO
TITLE: Endogenous digoxin-like immunoreactive factors: Impact on digoxin measurements and potential physiological implications
AUTHOR: Valdes Jr. R.
CORPORATE SOURCE: Department of Pathology and Laboratory Medicine, Jewish Hospital of St. Louis, Washington University School of Medicine, St. Louis, MO 63110, United States.
SOURCE: Clinical Chemistry, (1985), 31/9 (1525-1532)
CODEN: CLCHAU
DOCUMENT TYPE: Journal; Article
COUNTRY: United States
LANGUAGE: English

AN 1985:16011843 BIOTECHNO

AB Various laboratories have reported endogenous digoxin-like immunoreactive factor(s) (DLIF) in blood from patients in renal failure or liver failure, from newborn infants, and from third-trimester pregnant women. Similar immunoreactivity has been detected in amniotic fluid, in cord blood, and in urine and serum from normal subjects. The factor(s) giving rise to this immunoreactivity cross react with **antibodies** used in many currently available immunoassays for digoxin, sometimes causing apparent digoxin concentrations exceeding the therapeutic range obtained for exogenous digoxin, with consequent errors in measurement and in subsequent clinical interpretation of digoxin results. Here, I summarize findings in our laboratory and those of others. DLIF evidently exist in three states in serum: tightly protein-bound, weakly protein-bound, and unbound (free). In normal subjects, >90% of the total DLIF in **serum** is tightly but reversibly bound to **serum proteins** and is not readily detectable by direct **measurement** of digoxin in serum with conventional immunoassays. However, there seems to be a redistribution of the more weakly bound and unbound components in patients with renal failure, pregnant women, and newborns. The increased values detected in these groups are ascribable to increased amounts of weakly bound and unbound DLIF rather than to increased total DLIF. Carrier proteins may play a prominent role in the transport of these factors in blood. I discuss the potential physiological and pharmacological implications of detecting endogenous immunoreactive factors that cross react with **antibodies** to drugs.

L46 ANSWER 7 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1985:15064772 BIOTECHNO
TITLE: Protein binding of endogenous digoxin-immunoactive factors in human serum and its variation with clinical condition
AUTHOR: Valdes Jr. R.; Graves S.W.
CORPORATE SOURCE: Department of Pathology and Laboratory Medicine, The Jewish Hospital of St. Louis, St. Louis, MO 63110, United States.
SOURCE: Journal of Clinical Endocrinology and Metabolism, (1985), 60/6 (1135-1143)
CODEN: JCEMAZ
DOCUMENT TYPE: Journal; Article
COUNTRY: United States
LANGUAGE: English

AN 1985:15064772 BIOTECHNO

AB We previously identified endogenous digoxin-like immunoactivity in serum from pregnant women, newborn infants, and patients in renal failure. This activity is due to an endogenous factor(s) that cross-reacts with **antibodies** raised against digoxin. Using serum from the above sources as well as serum and urine from normal individuals, we further characterized these immunoreactive factors. The factors are water soluble, heat stable, and neutral in molecular charge. That isolated

from serum has an apparent mol wt of 200 daltons, as estimated by membrane partitioning. The factor from urine has twice this apparent mol wt, an apparent higher affinity for the digoxin antisera, and is less resistant to acid hydrolysis. It may represent a conjugated metabolite of the factor from serum. The immunoactive factor in serum is noncovalently bound to serum protein, and we describe methods for estimating total, weakly protein-bound (i.e. heat-dissociable), tightly protein-bound (i.e. not heat-dissociable), and unbound (free) activity. Levels measured directly in serum by RIA represent the unbound and weakly protein-bound serum components. In normal subjects, over 90% of the total endogenous immunoactivity in **serum** is tightly but reversibly **bound** to **protein** and not detectable by direct **measurement** with conventional RIAs. Concentrations determined by direct measurement in serum from patients with renal failure (128 ± 38 pg digoxin equivalents/ml (mean \pm SE)!, pregnant women (141 ± 12), and neonates (230 ± 7) consistently exceeded those in normal subjects (61 ± 3). Chromatography and ultrafiltration studies suggest that these differences are due to increased amounts of weakly protein-bound factor in these subjects rather than to a greater amount of total immunoactive factor. Altered protein binding of this endogenous factor seems to play a predominant role in the detection of digoxin-like immunoactivity in human serum. Our data also suggest that carrier proteins may play a prominent role in the transport of this endogenous immunoactive factor in blood.

L46 ANSWER 8 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 1985:15004888 BIOTECHNO
 TITLE: Neuropathy and anti-myelin-associated glycoprotein IgM
 M proteins: T cell regulation of M protein secretion
 in vitro
 AUTHOR: Latov N.; Godfrey M.; Thomas Y.; et al.
 CORPORATE SOURCE: Department of Neurology, Columbia University, College
 of Physicians and Surgeons, New York, NY 10032, United
 States.
 SOURCE: Annals of Neurology, (1985), 18/2 (182-188)
 CODEN: ANNED3
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United States
 LANGUAGE: English
 AN 1985:15004888 BIOTECHNO
 AB In patients with plasma cell dyscrasia, individual clones of
antibody-producing cells proliferate abnormally and secrete
 monoclonal **antibodies** or M proteins in excess. The cause of the
 monoclonal proliferation of lymphocytes and M protein secretion is
 unknown and it is not known whether the M protein-secreting B cells are
 autonomous or capable of responding to regulatory T cells. We carried out
 experiments using lymphocytes from a patient with neuropathy and
plasma cell dyscrasia whose IgM M **protein bound**
 to the myelin-associated glycoprotein (MAG) to **determine**
 whether secretion of the M protein in vitro was responsive to T cell help
 or suppression. M protein secretion was measured by an enzyme-linked
 immunosorbent assay system for measuring anti-MAG IgM, and the number of
 M protein-secreting lymphocytes was enumerated by a reverse hemolytic
 plaque assay specific for the M protein idiotype. The patient's B cells
 were maximally stimulated by pokeweed mitogen-activated autologous
 OKT.sub.4.sup.+ T-helper cells and the helper effect was inhibited by
 OKT.sub.8.sup.+ suppressor/cytotoxic T cells. Low levels of M protein
 secretion in the absence of T cells were also observed and there was
 partial stimulation of M protein secretion by T cells in the absence of
 pokeweed mitogen.

L46 ANSWER 9 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 1980:10134022 BIOTECHNO
 TITLE: Radioimmunoassay of thyroxine in 10 microliters of
 serum, with use of aggregated antithyroxine

antibodies

AUTHOR: Collins S.; Brooks M.; Bermes E.W.
CORPORATE SOURCE: Sect. Endocrinol., Loyola Univ. Med. Cent., Maywood,
Ill. 60153, United States.
SOURCE: Clinical Chemistry, (1980), 26/3 (406-408)
CODEN: CLCHAU
DOCUMENT TYPE: Journal; Article
COUNTRY: United States
LANGUAGE: English
AN 1980:10134022 BIOTECHNO
AB We describe a sensitive radioimmunoassay for rapidly **determining**
the concentration of thyroxine in 10 µL of human **serum**.
Aggregated antithyroxine **antibodies** are used to separate
bound and free **hormone**. This speeds the assay and
economizes on reagents without loss of sensitivity, specificity, or
precision. Results for normal subjects and patients with thyroid disease
agree well with those obtained by other, well-established techniques.

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that are available. If you have requested multiple files, you can
specify a corrected file name or you can enter "IGNORE" to continue
accessing the remaining file names entered.

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COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	27.39	27.60

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FILE 'BIOTECHNO' ENTERED AT 11:47:12 ON 02 SEP 2004

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FILE 'PASCAL' ENTERED AT 11:47:12 ON 02 SEP 2004

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COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	6.83	34.43

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=> BOUND(2A)(HORMONE OR PROTEIN OR ANALYTE)(8A)(SERUM OR PLASMA)(10
A)(DETECT OR MEASUREMENT OR MEASURING OR DETECTING OR DETERMININ G OR
DETERMINE
MISSING OPERATOR PLASMA)(10
The search profile that was entered contains terms or
nested terms that are not separated by a logical operator.

=> bound(5A)(hormone or protein or analyte)(8A)(serum or plasma or urine)(P)(detect
or measur or measuring or determin)
L47 117 FILE CAPLUS
L48 73 FILE BIOSIS
L49 73 FILE MEDLINE
L50 94 FILE EMBASE
L51 105 FILE USPATFULL

TOTAL FOR ALL FILES

L52 462 BOUND(5A)(HORMONE OR PROTEIN OR ANALYTE)(8A)(SERUM OR PLASMA OR
URINE)(P)(DETECT OR MEASUR OR MEASURING OR DETERMIN)

=> L52 and second antibody

L53 1 FILE CAPLUS
L54 0 FILE BIOSIS
L55 0 FILE MEDLINE
L56 0 FILE EMBASE
L57 25 FILE USPATFULL

TOTAL FOR ALL FILES

L58 26 L52 AND SECOND ANTIBODY

result in loss of user privileges and other penalties.

* * * * * STN Columbus * * * * *

FILE 'HOME' ENTERED AT 11:39:28 ON 02 SEP 2004

=> file .meeting

'EVENTLINE' IS NOT A VALID FILE NAME

Enter "HELP FILE NAMES" at an arrow prompt (=>) for a list of files that are available. If you have requested multiple files, you can specify a corrected file name or you can enter "IGNORE" to continue accessing the remaining file names entered.

ENTER A FILE NAME OR (IGNORE):ignore

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	0.21	0.21

FILE 'AGRICOLA' ENTERED AT 11:39:38 ON 02 SEP 2004

FILE 'BIOTECHNO' ENTERED AT 11:39:38 ON 02 SEP 2004

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FILE 'CONFSCI' ENTERED AT 11:39:38 ON 02 SEP 2004

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FILE 'PASCAL' ENTERED AT 11:39:38 ON 02 SEP 2004

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=> interfer and bind and second antibody

L1	0 FILE AGRICOLA
L2	0 FILE BIOTECHNO
L3	0 FILE CONFSCI
L4	0 FILE HEALSAFE
L5	0 FILE IMSDRUGCONF
L6	0 FILE LIFESCI
L7	0 FILE MEDICONF
L8	0 FILE PASCAL

TOTAL FOR ALL FILES

L9	0 INTERFER AND BIND AND SECOND ANTIBODY
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=> bound(2A) (hormone or protein or analyte)

L10	1066 FILE AGRICOLA
L11	7468 FILE BIOTECHNO
L12	183 FILE CONFSCI
L13	38 FILE HEALSAFE
L14	0 FILE IMSDRUGCONF

L15 6161 FILE LIFESCI
L16 4 FILE MEDICONF
L17 4295 FILE PASCAL

TOTAL FOR ALL FILES

L18 19215 BOUND(2A) (HORMONE OR PROTEIN OR ANALYTE)

=> bound(2A) (hormone or protein or analyte) (8A) (serum or plasma) (10A) (detect or measurement or measuring or detecting or determining or determine)

L19 3 FILE AGRICOLA
L20 18 FILE BIOTECHNO
L21 0 FILE CONFSCI
L22 0 FILE HEALSAFE
L23 0 FILE IMSDRUGCONF
L24 12 FILE LIFESCI
L25 0 FILE MEDICONF
L26 15 FILE PASCAL

TOTAL FOR ALL FILES

L27 48 BOUND(2A) (HORMONE OR PROTEIN OR ANALYTE) (8A) (SERUM OR PLASMA) (10A) (DETECT OR MEASUREMENT OR MEASURING OR DETECTING OR DETERMINING OR DETERMINE)

=> 127 and second antibody

L28 0 FILE AGRICOLA
L29 0 FILE BIOTECHNO
L30 0 FILE CONFSCI
L31 0 FILE HEALSAFE
L32 0 FILE IMSDRUGCONF
L33 0 FILE LIFESCI
L34 0 FILE MEDICONF
L35 0 FILE PASCAL

TOTAL FOR ALL FILES

L36 0 L27 AND SECOND ANTIBODY

=> 127 and antibody

L37 0 FILE AGRICOLA
L38 7 FILE BIOTECHNO
L39 0 FILE CONFSCI
L40 0 FILE HEALSAFE
L41 0 FILE IMSDRUGCONF
L42 3 FILE LIFESCI
L43 0 FILE MEDICONF
L44 0 FILE PASCAL

TOTAL FOR ALL FILES

L45 10 L27 AND ANTIBODY

=> dup rem

ENTER L# LIST OR (END):L45

DUPLICATE IS NOT AVAILABLE IN 'IMSDRUGCONF, MEDICONF'.

ANSWERS FROM THESE FILES WILL BE CONSIDERED UNIQUE

PROCESSING COMPLETED FOR L45

L46 9 DUP REM L45 (1 DUPLICATE REMOVED)

=> d l46 ibib abs total

L46 ANSWER 1 OF 9 LIFESCI COPYRIGHT 2004 CSA on STN

ACCESSION NUMBER: 1998:1844 LIFESCI

TITLE: Levuglandin E sub(2)-protein adducts in human plasma and vasculature

AUTHOR: Salomon, R.G.; Subbanagounder, G.; O'Neil, J.; Kaur, K.; Smith, M.A.; Hoff, H.F.; Perry, G.; Monnier, V.M.

CORPORATE SOURCE: Dep. Chem. and Inst. Pathol., Case Western Reserve Univ.,
Cleveland, OH 44106, USA
SOURCE: CHEM. RES. TOXICOL., (19970500) vol. 10, no. 5, pp. 536-545

ISSN: 0893-228X.

DOCUMENT TYPE: Journal
FILE SEGMENT: X
LANGUAGE: English
SUMMARY LANGUAGE: English

AB The prostaglandin endoperoxide PGH sub(2) rearranges nonenzymatically to generate prostaglandins and secoprostanoic acid levulinialdehyde derivatives such as PGE sub(2) and levuglandin (LG) E sub(2), respectively. Direct detection of LGE sub(2) in biological samples is complicated because it is rapidly sequestered by covalent adduction to endogenous nucleophiles including proteins, which produces LGE sub(2)-derived protein-bound pyrroles. Therefore, to detect LGE sub(2)-protein adducts in vivo, **antibodies** were raised against a covalent adduct of LGE sub(2) with keyhole limpet hemocyanin (KLH). This antigen enabled the production of high-titer **antibodies** that exhibit minimal cross-specificity and are sensitive for detecting LGE sub(2)-derived pyrroles. Although pyrrole yields are low at LG /protein ratios found in vivo, an enzyme-linked immunosorbent assay with the LGE sub(2)-KLH **antibodies detects** LGE sub(2)-derived **protein-bound** pyrrole immunoreactivity in human **plasma** from specific patient populations. Furthermore, prominent immunocytochemical staining of human brain thin sections revealed the presence of LGE sub(2)-derived pyrrole immunoreactivity, especially in the meningeal vessels of some patients. This demonstration of LG-protein adducts in human plasma and vasculature provides the first evidence for the biological occurrence of levuglandins in vivo and further suggests that these **antibodies** might prove useful in diagnostic and mechanistic studies of various disease conditions.

L46 ANSWER 2 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN
DUPLICATE

ACCESSION NUMBER: 1997:27100175 BIOTECHNO
TITLE: Cross-reactivity of anti-nDNA **antibodies**
with nuclear envelope proteins. Isolation of a cDNA
encoding the 70 kDa annular protein recognized by
autoantibodies from patients with systemic lupus
erythematosus
AUTHOR: Herrera-Diosdado R.; Avalos-Diaz E.; Herrera-Esparza
R.
CORPORATE SOURCE: Dr. R. Herrera-Esparza, Department of Immunology,
Centro de Biologia Experimental, Universidad Autonoma
de Zacatecas, Apartado Postal 167, Guadalupe,
Zacatecas 98600, Mexico.
E-mail: herrerar@cantera.reduaz.mx.
SOURCE: Revue du Rhumatisme (English Edition), (1997), 64/2
(82-88), 24 reference(s)
CODEN: RRHUEX ISSN: 1169-8446
DOCUMENT TYPE: Journal; Article
COUNTRY: France
LANGUAGE: English
SUMMARY LANGUAGE: English; French; German

AN 1997:27100175 BIOTECHNO

AB Objectives: to determine whether annular rDNA is complexed with the nuclear envelope proteins. Methods: from a batch of lupus sera with anti-nDNA, we selected a lupus serum containing annular anti-nDNA autoantibodies resistant to DNase digestion and used it to isolate several cDNA clones from a lambda gt11 HeLa cell library. Results: the cloned fusion protein immunoadsorbed the annular anti-nDNA autoantibodies, and the immunoaffinity autoantibodies eluted from the recombinant filters produced an annular pattern around the nucleus in

fluorescent assays on HEp-2 cells; by Western blot, they also recognized a 70 kDa protein from HEp-2 cell extracts. Annular-lambda gt11 lysogens generated in E. coli Y1089 produced a fusion protein that recognized annular anti-nDNA autoantibody-containing lupus sera by Western blot. The recombinant filters and annular fusion protein were also recognized by a prototype anti-lamin serum. To determine whether the annular recombinant protein bound DNA, an Interaction assay was performed in vitro using DNA minicircles and DNA from HEp-2 cells; this assay resulted in a slowing of the electrophoretic mobility of the DNA. Conclusions: 1) The annular DNA in eukaryotic cells is complexed with nuclear envelope proteins. 2) Annular anti-nDNA autoantibodies from lupus patients cross-react with perinuclear proteins. 3) Perinuclear proteins recognized by anti-nDNA are lamins. 4) An interaction between DNA and the 70 kDa protein is inducible in vitro. Whether this interaction affects cell function is still unknown.

L46 ANSWER 3 OF 9 LIFESCI COPYRIGHT 2004 CSA on STN
 ACCESSION NUMBER: 89:61979 LIFESCI
 TITLE: Babesia bovis : Gene isolation and characterization using a mung bean nuclease-derived expression library.
 AUTHOR: Tripp, C.A.; Wagner, G.G.; Rice-Ficht, A.C.
 CORPORATE SOURCE: Dep. Med. Biochem. and Genet., Texas A&M Univ., College Station, TX 77843, USA
 SOURCE: EXP. PARASITOL., (1989) vol. 69, no. 3, pp. 211-225.
 DOCUMENT TYPE: Journal
 FILE SEGMENT: K; G
 LANGUAGE: English
 SUMMARY LANGUAGE: English

AB Genomic DNA prepared from erythrocyte cultures of Babesia bovis merozoites was digested with mung bean nuclease and used to construct a lambda gt11 expression library of B. bovis recombinants. Immunoscreening with two polyclonal antibody probes detected multiple recombinants from which two, designated Bb-1 and Bb-3, were chosen for further analysis. Monospecific immunoglobulins isolated from the screening sera using nitrocellulose-bound fusion proteins were employed to determine the native molecular weight and the intracellular location of the babesial proteins encoded by the recombinants. Clone Bb-1 encodes an antigen of 77,000 Da located at the apical end of the intraerythrocytic parasite. A protein of 75,000 Da encoded by clone Bb-3 is associated with the infected red blood cell cytoplasm and/or membrane but not with the merozoite.

L46 ANSWER 4 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 1986:16095775 BIOTECHNO
 TITLE: The measurement of insulin-like growth factor I: Clinical applications and significance
 AUTHOR: Teale J.D.; Marks V.
 CORPORATE SOURCE: Department of Clinical Biochemistry, St Luke's Hospital, Guildford, Surrey GU1 3NT, United Kingdom.
 SOURCE: Annals of Clinical Biochemistry, (1986), 23/4 (413-424)
 CODEN: ACBOBU
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United Kingdom
 LANGUAGE: English

AN 1986:16095775 BIOTECHNO
 AB Of the somatomedins so far measured, the selective quantitation of insulin-like growth factor I (IGF-I) appears to have the greatest potential in clinical diagnosis. There have been two approaches to the development of immunoassay systems. One type uses antibodies raised against synthetic fragments of IGF-I which exhibit cross-reactivity with the whole hormone. Such assay systems may be adequate for measuring normal adult plasma IGF-I levels, but the potential for the higher sensitivity required for detecting sub-normal

plasma levels in young children is apparent only in methods using **antibodies** raised against the complete hormone. IGF-I in plasma exists as part of a high molecular weight complex in which it is **bound to carrier proteins**. The binding proteins may interfere with **plasma IGF-I measurements** by radioligand assays. Direct analysis of untreated plasma samples is claimed to be possible using disequilibrium assay conditions but in order to maximise assay sensitivity it is necessary to employ an initial extraction stage in order to eliminate binding protein interference. Whether the measurement of plasma IGF-I can or should be used in addition to, or as a replacement for, plasma growth hormone (GH) measurement in the clinical assessment of growth disorders remains a controversial issue. Available evidence indicates that a single, random plasma IGF-I level provides an accurate reflection of GH secretion. Adequate discrimination between the elevated levels in acromegaly and normal reference values has been demonstrated. However, in the investigation of growth-retarded children available radioimmunoassay (RIA) methods have proved only partially successful because of the age-related nature of normal plasma IGF-I concentrations. Existing assays appear capable of identifying sub-normal plasma levels after the age of approximately 4 years. In younger subjects an improvement in assay sensitivity is required in order to establish with greater accuracy the relevant normal ranges. Improvements in the identification of the particular lesion responsible for retarded growth in a child can be achieved by measurement of both plasma GH and IGF-I concentrations. The predictive value of the acute plasma IGF-I response to single-dose GH therapy may identify patients who will respond to long-term GH therapy. Better, more informed decision on subsequent treatment may therefore be made. Apart from GH control, several other factors influence circulating IGF-I levels. Nutritional status can be assessed through reference to IGF-I analysis, overall catabolic or anabolic processes being associated with decreasing or increasing plasma IGF-I levels respectively.

L46 ANSWER 5 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 1986:17033774 BIOTECHNO
 TITLE: One-step immunoassays for free (unbound) hormones: The effect of tracer binding by serum proteins
 AUTHOR: Geiseler D.; Chodha P.; Ekins R.
 CORPORATE SOURCE: Department of Clinical Biochemistry, Institute of Child Health, University of London, London WC1 N1EH, United Kingdom.
 SOURCE: Clinical Chemistry, (1986), 32/1 (45-49)
 CODEN: CLCHAU
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United States
 LANGUAGE: English
 AN 1986:17033774 BIOTECHNO
 AB In binding assays for determination of free (non-protein-bound) hormones in serum or plasma, the influence of the measuring system on the original analyte concentration in the sample must be considered. In one- or single-step free-hormone immunoassays, the labeled analyte or analog-tracer not only is bound to the **antibody**, it also is bound, to some extent, to serum proteins. The dependence of the assay response on two unknown variables - the concentration of free analyte and the binding potential of serum for the tracer - introduces a bias between the actual (original) and measured hormone concentrations. The significance of this protein effect is described by mathematical modeling of the analyte-protein distribution in the assay system. The theoretical consideration is validated by a clearly defined one-step assay system for measurement of free-thyroxin concentration, with a labeled thyroxin-immunoglobulin conjugate used as tracer.

L46 ANSWER 6 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1985:16011843 BIOTECHNO
TITLE: Endogenous digoxin-like immunoreactive factors: Impact on digoxin measurements and potential physiological implications
AUTHOR: Valdes Jr. R.
CORPORATE SOURCE: Department of Pathology and Laboratory Medicine, Jewish Hospital of St. Louis, Washington University School of Medicine, St. Louis, MO 63110, United States.
SOURCE: Clinical Chemistry, (1985), 31/9 (1525-1532)
CODEN: CLCHAU
DOCUMENT TYPE: Journal; Article
COUNTRY: United States
LANGUAGE: English

AN 1985:16011843 BIOTECHNO

AB Various laboratories have reported endogenous digoxin-like immunoreactive factor(s) (DLIF) in blood from patients in renal failure or liver failure, from newborn infants, and from third-trimester pregnant women. Similar immunoreactivity has been detected in amniotic fluid, in cord blood, and in urine and serum from normal subjects. The factor(s) giving rise to this immunoreactivity cross react with **antibodies** used in many currently available immunoassays for digoxin, sometimes causing apparent digoxin concentrations exceeding the therapeutic range obtained for exogenous digoxin, with consequent errors in measurement and in subsequent clinical interpretation of digoxin results. Here, I summarize findings in our laboratory and those of others. DLIF evidently exist in three states in serum: tightly protein-bound, weakly protein-bound, and unbound (free). In normal subjects, >90% of the total DLIF in **serum** is tightly but reversibly **bound** to **serum proteins** and is not readily detectable by direct **measurement** of digoxin in serum with conventional immunoassays. However, there seems to be a redistribution of the more weakly bound and unbound components in patients with renal failure, pregnant women, and newborns. The increased values detected in these groups are ascribable to increased amounts of weakly bound and unbound DLIF rather than to increased total DLIF. Carrier proteins may play a prominent role in the transport of these factors in blood. I discuss the potential physiological and pharmacological implications of detecting endogenous immunoreactive factors that cross react with **antibodies** to drugs.

L46 ANSWER 7 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1985:15064772 BIOTECHNO
TITLE: Protein binding of endogenous digoxin-immunoactive factors in human serum and its variation with clinical condition
AUTHOR: Valdes Jr. R.; Graves S.W.
CORPORATE SOURCE: Department of Pathology and Laboratory Medicine, The Jewish Hospital of St. Louis, St. Louis, MO 63110, United States.
SOURCE: Journal of Clinical Endocrinology and Metabolism, (1985), 60/6 (1135-1143)
CODEN: JCEMAZ
DOCUMENT TYPE: Journal; Article
COUNTRY: United States
LANGUAGE: English

AN 1985:15064772 BIOTECHNO

AB We previously identified endogenous digoxin-like immunoactivity in serum from pregnant women, newborn infants, and patients in renal failure. This activity is due to an endogenous factor(s) that cross-reacts with **antibodies** raised against digoxin. Using serum from the above sources as well as serum and urine from normal individuals, we further characterized these immunoreactive factors. The factors are water soluble, heat stable, and neutral in molecular charge. That isolated

from serum has an apparent mol wt of 200 daltons, as estimated by membrane partitioning. The factor from urine has twice this apparent mol wt, an apparent higher affinity for the digoxin antisera, and is less resistant to acid hydrolysis. It may represent a conjugated metabolite of the factor from serum. The immunoactive factor in serum is noncovalently bound to serum protein, and we describe methods for estimating total, weakly protein-bound (i.e. heat-dissociable), tightly protein-bound (i.e. not heat-dissociable), and unbound (free) activity. Levels measured directly in serum by RIA represent the unbound and weakly protein-bound serum components. In normal subjects, over 90% of the total endogenous immunoactivity in **serum** is tightly but reversibly **bound** to **protein** and not detectable by direct **measurement** with conventional RIAs. Concentrations determined by direct measurement in serum from patients with renal failure 4128 ± 38 pg digoxin equivalents/ml (mean \pm SE)!, pregnant women (141 ± 12), and neonates (230 ± 7) consistently exceeded those in normal subjects (61 ± 3). Chromatography and ultrafiltration studies suggest that these differences are due to increased amounts of weakly protein-bound factor in these subjects rather than to a greater amount of total immunoactive factor. Altered protein binding of this endogenous factor seems to play a predominant role in the detection of digoxin-like immunoactivity in human serum. Our data also suggest that carrier proteins may play a prominent role in the transport of this endogenous immunoactive factor in blood.

L46 ANSWER 8 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 1985:15004888 BIOTECHNO
 TITLE: Neuropathy and anti-myelin-associated glycoprotein IgM
 M proteins: T cell regulation of M protein secretion
 in vitro
 AUTHOR: Latov N.; Godfrey M.; Thomas Y.; et al.
 CORPORATE SOURCE: Department of Neurology, Columbia University, College
 of Physicians and Surgeons, New York, NY 10032, United
 States.
 SOURCE: Annals of Neurology, (1985), 18/2 (182-188)
 CODEN: ANNED3
 DOCUMENT TYPE: Journal; Article
 COUNTRY: United States
 LANGUAGE: English

AN 1985:15004888 BIOTECHNO
 AB In patients with plasma cell dyscrasia, individual clones of
antibody-producing cells proliferate abnormally and secrete
 monoclonal **antibodies** or M proteins in excess. The cause of the
 monoclonal proliferation of lymphocytes and M protein secretion is
 unknown and it is not known whether the M protein-secreting B cells are
 autonomous or capable of responding to regulatory T cells. We carried out
 experiments using lymphocytes from a patient with neuropathy and
plasma cell dyscrasia whose IgM M **protein bound**
 to the myelin-associated glycoprotein (MAG) to **determine**
 whether secretion of the M protein in vitro was responsive to T cell help
 or suppression. M protein secretion was measured by an enzyme-linked
 immunosorbent assay system for measuring anti-MAG IgM, and the number of
 M protein-secreting lymphocytes was enumerated by a reverse hemolytic
 plaque assay specific for the M protein idiotype. The patient's B cells
 were maximally stimulated by pokeweed mitogen-activated autologous
 OKT.sub.4.sup.+ T-helper cells and the helper effect was inhibited by
 OKT.sub.8.sup.+ suppressor/cytotoxic T cells. Low levels of M protein
 secretion in the absence of T cells were also observed and there was
 partial stimulation of M protein secretion by T cells in the absence of
 pokeweed mitogen.

L46 ANSWER 9 OF 9 BIOTECHNO COPYRIGHT 2004 Elsevier Science B.V. on STN
 ACCESSION NUMBER: 1980:10134022 BIOTECHNO
 TITLE: Radioimmunoassay of thyroxine in 10 microliters of
 serum, with use of aggregated antithyroxine

antibodies

AUTHOR: Collins S.; Brooks M.; Bermes E.W.
CORPORATE SOURCE: Sect. Endocrinol., Loyola Univ. Med. Cent., Maywood,
Ill. 60153, United States.
SOURCE: Clinical Chemistry, (1980), 26/3 (406-408)
CODEN: CLCHAU
DOCUMENT TYPE: Journal; Article
COUNTRY: United States
LANGUAGE: English
AN 1980:10134022 BIOTECHNO
AB We describe a sensitive radioimmunoassay for rapidly **determining**
the concentration of thyroxine in 10 µL of human **serum**.
Aggregated antithyroxine **antibodies** are used to separate
bound and free **hormone**. This speeds the assay and
economizes on reagents without loss of sensitivity, specificity, or
precision. Results for normal subjects and patients with thyroid disease
agree well with those obtained by other, well-established techniques.

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A)(DETECT OR MEASUREMENT OR MEASURING OR DETECTING OR DETERMININ G OR
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MISSING OPERATOR PLASMA)(10

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=> bound(5A)(hormone or protein or analyte)(8A)(serum or plasma or urine)(P)(detect
or measur or measuring or determin)

L47 117 FILE CAPLUS
L48 73 FILE BIOSIS
L49 73 FILE MEDLINE
L50 94 FILE EMBASE
L51 105 FILE USPATFULL

TOTAL FOR ALL FILES

L52 462 BOUND(5A)(HORMONE OR PROTEIN OR ANALYTE)(8A)(SERUM OR PLASMA OR
URINE)(P)(DETECT OR MEASUR OR MEASURING OR DETERMIN)

=> l52 and second antibody

L53 1 FILE CAPLUS
L54 0 FILE BIOSIS
L55 0 FILE MEDLINE
L56 0 FILE EMBASE
L57 25 FILE USPATFULL

TOTAL FOR ALL FILES

L58 26 L52 AND SECOND ANTIBODY

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ENTRY	SESSION
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L9	0 INTERFER AND BIND AND SECOND ANTIBODY
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=> bound(2A) (hormone or protein or analyte)

L10	1066 FILE AGRICOLA
L11	7468 FILE BIOTECHNO
L12	183 FILE CONFSCI
L13	38 FILE HEALSAFE
L14	0 FILE IMSDRUGCONF

TITLE: Substituted phenylacetic acids and salts as TBP
blocking agents in iodothyronine immunoassays
INVENTOR(S): Atkinson, David C., Elkhart, IN, United States
Carrico, Robert J., Elkhart, IN, United States
Morris, David L., Elkhart, IN, United States
PATENT ASSIGNEE(S): Miles Laboratories, Inc., Elkhart, IN, United States
(U.S. corporation)

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 4468469		19840828
APPLICATION INFO.:	US 1982-414934		19820903 (6)
RELATED APPLN. INFO.:	Continuation-in-part of Ser. No. US 1981-318027, filed on 4 Nov 1981, now abandoned		
DOCUMENT TYPE:	Utility		
FILE SEGMENT:	Granted		
PRIMARY EXAMINER:	Nucker, Christine M.		
LEGAL REPRESENTATIVE:	Klawitter, Andrew L.		
NUMBER OF CLAIMS:	44		
EXEMPLARY CLAIM:	1		
LINE COUNT:	1050		

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB An improved immunoassay method, reagent means, and test kit for determining an iodothyronine, e.g., thyroxine (T-4), in a biological fluid, usually serum or plasma, wherein fenclofenac and related phenylacetic acids, or salts thereof, are employed as novel blocking agents for the binding of iodothyronines to thyroxine binding protein (TBP). The present invention is particularly advantageous as applied to homogeneous competitive binding iodothyronine immunoassays wherein a spectrophotometric response is generated in the assay reaction mixture at a wavelength greater than about 300 nm, the blocking agents of the present invention having been found to have no substantial absorbance at wavelengths above 300 nm. Such homogeneous immunoassays include those which employ labels such as fluorescers, enzyme substrates, enzyme prosthetic groups, enzymes, and enzyme inhibitors.

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FULL ESTIMATED COST	0.21	0.21

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L3	13	FILE CONFSCI
L4	0	FILE HEALSAFE
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L5	0	FILE IMSDRUGCONF
L6	53	FILE LIFESCI
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L10	0	FILE AGRICOLA
L11	0	FILE BIOTECHNO
L12	0	FILE CONFSCI

L13 0 FILE HEALSAFE
L14 0 FILE IMSDRUGCONF
L15 0 FILE LIFESCI
L16 0 FILE MEDICONF
L17 0 FILE PASCAL

TOTAL FOR ALL FILES

L18 0 L9 AND INTERFER

=> 19 and interfer

L19 0 FILE AGRICOLA
L20 0 FILE BIOTECHNO
L21 0 FILE CONFSCI
L22 0 FILE HEALSAFE
L23 0 FILE IMSDRUGCONF
L24 0 FILE LIFESCI
L25 0 FILE MEDICONF
L26 0 FILE PASCAL

TOTAL FOR ALL FILES

L27 0 L9 AND INTERFER

=> 19 and her2

L28 0 FILE AGRICOLA
L29 0 FILE BIOTECHNO
L30 0 FILE CONFSCI
L31 0 FILE HEALSAFE
L32 0 FILE IMSDRUGCONF
L33 0 FILE LIFESCI
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L35 0 FILE PASCAL

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=> file .jacob

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FULL ESTIMATED COST

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7.04

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L41 0 FILE USPATFULL

TOTAL FOR ALL FILES

L42 470 RALPH P/AU

=> l42 and her2

L43 0 FILE CAPLUS
L44 0 FILE BIOSIS
L45 0 FILE MEDLINE
L46 0 FILE EMBASE
L47 0 FILE USPATFULL

TOTAL FOR ALL FILES

L48 0 L42 AND HER2

=> l42 and interfering

L49 0 FILE CAPLUS
L50 0 FILE BIOSIS
L51 0 FILE MEDLINE
L52 0 FILE EMBASE
L53 0 FILE USPATFULL

TOTAL FOR ALL FILES

L54 0 L42 AND INTERFERING

=> l42 and second antibody

L55 0 FILE CAPLUS
L56 0 FILE BIOSIS
L57 0 FILE MEDLINE
L58 0 FILE EMBASE
L59 0 FILE USPATFULL

TOTAL FOR ALL FILES

L60 0 L42 AND SECOND ANTIBODY

=> file .chemistry

COST IN U.S. DOLLARS

SINCE FILE

TOTAL

ENTRY

SESSION

FULL ESTIMATED COST

13.34

20.38

FILE 'CAPLUS' ENTERED AT 19:21:51 ON 01 SEP 2004

USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.

PLEASE SEE "HELP USAGETERMS" FOR DETAILS.

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FILE 'BIOTECHNO' ENTERED AT 19:21:51 ON 01 SEP 2004

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FILE 'USPATFULL' ENTERED AT 19:21:51 ON 01 SEP 2004

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=> ralph p/au

L61 19 FILE CAPLUS

L62 44 FILE BIOTECHNO
L63 0 FILE COMPENDEX
L64 0 FILE ANABSTR
L65 0 FILE CERAB
L66 0 FILE METADEX
L67 0 FILE USPATFULL

TOTAL FOR ALL FILES

L68 63 RALPH P/AU

=> l68 and her2

L69 0 FILE CAPLUS
L70 0 FILE BIOTECHNO
L71 0 FILE COMPENDEX
L72 0 FILE ANABSTR
L73 0 FILE CERAB
L74 0 FILE METADEX
L75 0 FILE USPATFULL

TOTAL FOR ALL FILES

L76 0 L68 AND HER2

=> l68 and second antibody

L77 0 FILE CAPLUS
L78 0 FILE BIOTECHNO
L79 0 FILE COMPENDEX
L80 0 FILE ANABSTR
L81 0 FILE CERAB
L82 0 FILE METADEX
L83 0 FILE USPATFULL

TOTAL FOR ALL FILES

L84 0 L68 AND SECOND ANTIBODY

=> second antibody and interfer and analyte

L85 0 FILE CAPLUS
L86 0 FILE BIOTECHNO
L87 0 FILE COMPENDEX
L88 0 FILE ANABSTR
L89 0 FILE CERAB
L90 0 FILE METADEX
L91 5 FILE USPATFULL

TOTAL FOR ALL FILES

L92 5 SECOND ANTIBODY AND INTERFER AND ANALYTE

=> dup rem

ENTER L# LIST OR (END):L92

PROCESSING COMPLETED FOR L92

L93 5 DUP REM L92 (0 DUPLICATES REMOVED)

=> d l93 ibib abs total

L93 ANSWER 1 OF 5 USPATFULL on STN

ACCESSION NUMBER: 2003:11103 USPATFULL

TITLE: Novel signaling pathway for the production of
inflammatory pain and neuropathy

INVENTOR(S): Levine, Jon David, San Francisco, CA, UNITED STATES
Messing, Robert O., Foster City, CA, UNITED STATES

PATENT ASSIGNEE(S): The Regents of the University of California (U.S.
corporation)

NUMBER KIND DATE

PATENT INFORMATION: US 2003008807 A1 20030109
APPLICATION INFO.: US 2002-173332 A1 20020614 (10)

	NUMBER	DATE
PRIORITY INFORMATION:	US 2001-298491P	20010614 (60)
DOCUMENT TYPE:	Utility	
FILE SEGMENT:	APPLICATION	
LEGAL REPRESENTATIVE:	QUINE INTELLECTUAL PROPERTY LAW GROUP, P.C., P O BOX 458, ALAMEDA, CA, 94501	
NUMBER OF CLAIMS:	141	
EXEMPLARY CLAIM:	1	
NUMBER OF DRAWINGS:	29 Drawing Page(s)	
LINE COUNT:	4135	
CAS INDEXING IS AVAILABLE FOR THIS PATENT.		

AB This invention pertains to the discovery of a novel pathway that mediates hyperalgesia, neuropathic pain, and inflammatory pain. This pathway is a third independent pathway that involves activation of extracellular signal-regulated kinases (ERKs) 1 and 2. The pathway comprises a Ras-MEK-ERK1/2 cascade that acts independent of PKA or PKC ϵ as a novel signaling pathway for the production of inflammatory (and neuropathic) pain. This pathway presents numerous targets for a new class of analgesic agents.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L93 ANSWER 2 OF 5 USPATFULL on STN

ACCESSION NUMBER: 2000:87918 USPATFULL
TITLE: Binding assays using more than one label for determining **analyte** in the presence of interfering factors
INVENTOR(S): Piran, Uri, Sharon, MA, United States
Quinn, John J., Medway, MA, United States
PATENT ASSIGNEE(S): Bayer Corporation, East Walpole, MA, United States (U.S. corporation)

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 6087088		20000711
APPLICATION INFO.:	US 1997-791591		19970131 (8)
DOCUMENT TYPE:	Utility		
FILE SEGMENT:	Granted		
PRIMARY EXAMINER:	Gitomer, Ralph		
LEGAL REPRESENTATIVE:	Morgenstern, Arthur S.		
NUMBER OF CLAIMS:	24		
EXEMPLARY CLAIM:	1		
NUMBER OF DRAWINGS:	5 Drawing Figure(s); 5 Drawing Page(s)		
LINE COUNT:	665		

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB Novel binding assay techniques have been developed which improve accuracy and sensitivity via accounting for interfering factors. They rely on use, in a simultaneous incubation, of two or more different labels, some of which are used primarily to detect **analyte**, and others to detect interfering substances originating in the sample. The mathematical relationships between the labels allow corrections that lead to more accurate and sensitive determination of the presence and concentration of the **analyte**.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L93 ANSWER 3 OF 5 USPATFULL on STN

ACCESSION NUMBER: 90:25705 USPATFULL
TITLE: Reagent and method for determination of a polyvalent substance using an immunoaggregate

INVENTOR(S): Lenz, Helmut, Tutzing, Germany, Federal Republic of
 Mossner, Ellen, Tutzing, Germany, Federal Republic of
 Stock, Werner, Grafelfing, Germany, Federal Republic of
 Roder, Albert, Seeshaupt, Germany, Federal Republic of
 Haug, Harald, Peissenberg, Germany, Federal Republic of
 McCarthy, Robert C., Carmel, IN, United States

PATENT ASSIGNEE(S): Boehringer Mannheim GmbH, Mannheim, Germany, Federal
 Republic of (non-U.S. corporation)

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 4914040		19900403
APPLICATION INFO.:	US 1988-164054		19880303 (7)
DOCUMENT TYPE:	Utility		
FILE SEGMENT:	Granted		
PRIMARY EXAMINER:	Hill, Jr., Robert J.		
ASSISTANT EXAMINER:	Krupen, Karen J.		
LEGAL REPRESENTATIVE:	Felfe & Lynch		
NUMBER OF CLAIMS:	41		
EXEMPLARY CLAIM:	1		
NUMBER OF DRAWINGS:	2 Drawing Figure(s); 2 Drawing Page(s)		
LINE COUNT:	946		

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB The invention teaches a method for improving the ability to determine a polyvalent substance via use of an immunoaggregate during the assay. The immunoaggregate eliminates substances which can lead to incorrect results otherwise.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L93 ANSWER 4 OF 5 USPATFULL on STN

ACCESSION NUMBER: 89:45501 USPATFULL

TITLE: Non-fluorescing, non-reflective polyamide for use in diagnostic testing

INVENTOR(S): Rothman, Isaac, Brooklyn, NY, United States
 Degen, Peter J., Huntington, NY, United States

PATENT ASSIGNEE(S): Pall Corporation, New York, NY, United States (U.S. corporation)

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 4837162		19890606
APPLICATION INFO.:	US 1987-58843		19870605 (7)
DOCUMENT TYPE:	Utility		
FILE SEGMENT:	Granted		
PRIMARY EXAMINER:	Marantz, Sidney		
LEGAL REPRESENTATIVE:	Leydig, Voit & Mayer		
NUMBER OF CLAIMS:	10		
EXEMPLARY CLAIM:	1		
NUMBER OF DRAWINGS:	3 Drawing Figure(s); 1 Drawing Page(s)		
LINE COUNT:	654		

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

AB A polyamide dyed with a reactive dye capable of absorbing incident light of the excitation waveband of a fluorophore or light of the emission waveband of the polyamide is provided for use in assays in which the presence or quantity of an **analyte** is being detected by fluorescence as a result of excitation of a fluorescent material at an excitation waveband of light and in which the excitation waveband impinges upon the polyamide.

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L93 ANSWER 5 OF 5 USPATFULL on STN

ACCESSION NUMBER: 84:48484 USPATFULL

L Number	Hits	Search Text	DB	Time stamp
1	520	(435/962).CCLS.	USPAT; EPO	2004/09/02 10:23
2	117	((435/962).CCLS.) and (second adj1 antibody)	USPAT; US-PGPUB; EPO; DERWENT	2004/09/02 10:24
3	33	((435/962).CCLS.) and ((second adj1 antibody) same label)	USPAT; US-PGPUB; EPO; DERWENT	2004/09/02 11:22
4	281	(435/973).CCLS.	USPAT; EPO	2004/09/02 11:23
5	34	((435/962).CCLS.) and ((435/973).CCLS.)	USPAT; EPO	2004/09/02 11:23
6	12	((435/962).CCLS.) and ((435/973).CCLS.) and (second adj1 antibody)	USPAT; EPO	2004/09/02 11:24
7	12	((435/962).CCLS.) and ((435/973).CCLS.) and (second adj1 antibody)	USPAT; EPO	2004/09/02 11:54
8	7468	(435/7.1,7.2,7.92).CCLS.	USPAT; EPO	2004/09/02 11:54
9	983	bound near5 (hormone or protein or analyte) near10 (plasma or serum or urine)	USPAT; EPO	2004/09/02 11:55
10	125	((435/7.1,7.2,7.92).CCLS.) and (bound near5 (hormone or protein or analyte) near10 (plasma or serum or urine))	USPAT; EPO	2004/09/02 11:55
11	54	((435/7.1,7.2,7.92).CCLS.) and (bound near5 (hormone or protein or analyte) near10 (plasma or serum or urine)) and ((second near3 antibody))	USPAT; EPO	2004/09/02 11:56
12	51	((435/7.1,7.2,7.92).CCLS.) and (bound near5 (hormone or protein or analyte) near10 (plasma or serum or urine)) and ((second near3 antibody))) and @py<2004	USPAT; EPO	2004/09/02 11:57
13	19	((435/7.1,7.2,7.92).CCLS.) and (bound near5 (hormone or protein or analyte) near10 (plasma or serum or urine)) and ((second near3 antibody))) and @py<2004) and interfer\$3	USPAT; EPO	2004/09/02 11:57
14	21	((435/7.1,7.2,7.92).CCLS.) and (bound near5 (hormone or protein or analyte) near10 (plasma or serum or urine)) and ((second near3 antibody))) and interfer\$3	USPAT; EPO	2004/09/02 11:57

L Number	Hits	Search Text	DB	Time stamp
1	520	{435/962}.CCLS.	USPAT; EPO	2004/09/02 10:23
2	117	((435/962).CCLS.) and (second adj1 antibody)	USPAT; US-PGPUB; EPO; DERWENT	2004/09/02 10:24
3	33	((435/962).CCLS.) and ((second adj1 antibody) same label)	USPAT; US-PGPUB; EPO; DERWENT	2004/09/02 11:22
4	281	{435/973}.CCLS.	USPAT; EPO	2004/09/02 11:23
5	34	((435/962).CCLS.) and ((435/973).CCLS.)	USPAT; EPO	2004/09/02 11:23
6	12	((435/962).CCLS.) and ((435/973).CCLS.)) and (second adj1 antibody)	USPAT; EPO	2004/09/02 11:24
7	12	((435/962).CCLS.) and ((435/973).CCLS.)) and (second adj1 antibody)	USPAT; EPO	2004/09/02 11:24